



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL

BOX 788250

MARINE CORPS AIR GROUND COMBAT CENTER
TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 5370.3E

Code 0102

4 December 1996

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 5370.3E

From: Commanding Officer

Subj: OFF-DUTY EMPLOYMENT BY NAVY HEALTH CARE PERSONNEL

Ref: (a) DOD Directive 6025.7
(b) MILPERSMAN 3420500
(c) SECNAVINST 5310.16A
(d) SECNAVINST 5370.2J
(e) MANMED 1-22
(f) 32 C. F. R. S 199.6
(g) NAVMEDCEN SDIEGOINST 5370.1G

Encl: (1) Off-Duty Employment Professional Employment
Disclaimer, NAVHOSP29PALMS Form 5370/01 (9/96)
(2) Off-Duty Employment Status - Mandatory Annual
Statement, NAVHOSP29PALMS Form 5370/02 (Rev 9/96)
(3) Statement of Acknowledgment, NAVHOSP29PALMS Form
5370/03 (Rev 9/96)
(4) C-Status Verification, NAVHOSP29PALMS Form 5370/04
(Rev 9/96)
(5) Off - Duty Remunerative Professional Civilian
Employment Request, NAVHOSP29PALMS Form 5370/05
(Rev 9/96)
(6) Employer Acknowledgment, NAVHOSP29PALMS Form
5370/06 (Rev 9/96)
(7) Sample Letter from the San Bernardino County
Medical Society
(8) Employment Time Report, NAVHOSP29PALMS Form
5370/05 (Rev 9/96)

1. Purpose. To set forth Command policy regarding off-duty employment by Navy HEALTH CARE personnel assigned to Naval Hospital, Twentynine Palms, and to establish specific procedures for requesting, authorizing, monitoring and renewing employment.

2. Cancellation. NAVHOSP29PALMSINST 5370.3D.

3. Background. References (a) through (f) provide policy and general guidance for staff engaged in off-duty employment and set standards of professional and ethical conduct.

4. Policy. This Command's policy is to ensure all requirements are met, and that an adequate audit trail exist to document the approval and monitoring of off-duty employment. Although not encouraged, staff members may be allowed to engage in legitimate,

ethical employment during off-duty hours. The following guidelines apply:

a. Active duty personnel are in a 24-hour duty status. Military duties take precedence over employment at all times.

b. Officers requesting off-duty employment require approval from the Commanding Officer.

c. Enlisted personnel require approval from the Command Master Chief.

d. At any time the Commanding Officer may withdraw authorization. Individuals may rebut the withdrawal by writing to the Commanding Officer.

e. Active duty members shall not engage in any civilian employment or enterprise which is prohibited by references (a) through (f). Example: "No military member may accept employment by an organization at a location where a strike has commenced, after commencement, and during the course of that strike. If employed prior to the beginning of the strike, the member may be permitted to continue such employment."

f. Off-duty employment shall not normally exceed a total of 16 hours per week, except during periods of official leave. Periods that exceed 16 hours per week must be authorized on a case-by-case basis by the Commander before the performance of the excessive hours of off-duty employment. Hours worked "on call" or on a "pager watch" must be included in the total hours worked and count against the 16 hours per week maximum. Hours worked still must be reported. A week will be deemed to begin on Monday (0001 hours) and end on Sunday (2400 hours) for the purposes of determining the amount of hours per week.

g. Personnel shall have at least six (6) hours of rest between the end of the Navy health care provider's off -duty employment and the start of his/her military duties.

h. Navy health care providers will be able to return promptly to the command. Off-duty employment which requires in excess of two hour travel time will not be allowed. Air travel to meet this time limit is not permitted. If a provider wishes to engage in off-duty employment at a location in excess of two hours travel time, he/she will take annual leave for the period engaged in such off-duty employment. Exceptions (based on need to maintain clinical skills) to the two hour driving time restriction will be at the discretion of the Commanding Officer. Request and approval will be on a case by case basis.

i. Navy health care providers engaged in graduate training programs are prohibited from engaging in off-duty employment. Violation of such, subjects the offender to being disenrolled from the training program. Additionally, no Medical Department officer will engage in private medical practice.

j. Navy health care providers engaged in off-duty employment will not assume primary responsibility for the medical or dental care of any patient on a continuing basis at the site of off-duty employment. These guidelines do not apply to the provision of emergency medical assistance in isolated cases. Also excluded are nonremunerative community services operated by non-profit organizations for the benefit of the community such as drug abuse programs, hospice centers, family planning centers. Further, there may be no self-referral or other referral from the military setting to the off-duty employer on the part of Medical or Dental Department officers. Per reference (f), Medical and Dental Department officers may not be CHAMPUS providers.

k. Compliance with local licensing, the Federal Drug Enforcement Administration and personal medical liability coverage requirements is the responsibility of the individual Navy health care provider requesting permission for off-duty employment.

l. Military Medical/Dental officers and civilian equivalents will apply for annual leave for any obligation (e.g., court appearances or testimony before a compensation board) arising out of off-duty employment where these obligations require absence during duty hours.

m. The command affiliates with certain civilian facilities through memoranda of understanding (MOU) to provide additional opportunities for training and professional growth. An officer who performs at a facility under an MOU may not also moonlight at the same facility.

5. Action

a. Commanding Officer shall:

(1) Appoint the Officer Off-Duty Employment Coordinator (ODEC).

(2) Appoint the Enlisted Off-Duty Employment Coordinator (EODEC).

(3) Interview all officers prior to approving their request for professional off-duty employment.

b. Off-Duty Employment Coordinator (ODEC) shall:

(1) Be tasked with receiving, reviewing, submitting for approval, monitoring, maintaining and renewing all off-duty employment request and related files. Annually from members reporting month.

(2) Advise the Commanding Officer on all matters pertaining to off-duty employment.

(3) Publish periodic Plan-of-the-Day notices to keep personnel informed of off-duty employment policies and procedures.

(4) Ensure all officers, as part of new arrival's check-in process, receive a copy of this instruction and acknowledge that they have read it and understand its contents by completion of enclosure (1).

(5) Ensure that all officers complete an annual statement of off-duty employment status, enclosure (2).

c. Command Master Chief shall:

(1) Be tasked with receiving, reviewing, monitoring, and renewing enlisted off-duty employment request and maintaining related files.

(2) Advise the Commanding Officer on all matters pertaining to enlisted off-duty employment.

(3) Interview all enlisted personnel prior to approving their request for off-duty employment.

d. Officers who desire off-duty employment shall:

(1) Submit enclosures (1) through (5) to the Commanding Officer via their chain of command and the ODEC.

(2) In addition, health care providers must submit a statement from the county medical society, enclosure (6), and must have been granted Active Staff Appointment at this facility.

(3) Off-duty employment privileges will end in the event of adverse privileging or disciplinary action.

e. Enlisted personnel desiring off-duty employment shall:

(1) Submit enclosures (3) through (5) to the EODEC via their chain of command.

f. All Naval Hospital staff engaged in off-duty employment shall:

(1) Be aware of and comply with all statutes and regulations pertaining to off-duty employment.

(2) Submit monthly, to their respective EODEC, a completed Off-duty Employment Time Report, enclosure (7). Failure to file this report could result in automatic termination of off-duty employment.

6. Applicability. This instruction is applicable to all personnel aboard Naval Hospital, Twentynine Palms, California.

7. New or Revised Forms. Off-Duty Employment Professional Employment Disclaimer, NAVHOSP29PALMS Form 5370/01 (Rev 9/96); Off-Duty Employment Status -Mandatory Annual Statement, NAVHOSP29PALMS Form 5370/02 (Rev 9/96); Statement of Acknowledgment, NAVHOSP29PALMS Form 5370/03 (Rev 9/96); C-Status Verification, NAVHOSP29PALMS Form 5370/04 (Rev 9/96); Off-Duty Remunerative Professional Civilian Employment Request, NAVHOSP29PALMS Form 5370/05 (Rev 9/96); Employer Acknowledgment, NAVHOSP29PALMS Form 5370/06 (Rev 9/96); Sample Letter from the San Bernardino County Medical Society, NAVHOSP29PALMS Form 5370/07 (Rev. 9/96); and Monthly Employment Time Report, NAVHOSP29PALMS Form 5370/08 (Rev 9/96) are being adopted in accordance with this instruction and may be obtained through the Personnel Office.



R. S. KAYLER

Distribution:
List A



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL
BOX 788250
MARINE CORPS AIR GROUND COMBAT CENTER
TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 5370.3E CH-1

Code 0102

6 December 1996

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 5370.3E CHANGE
TRANSMITTAL 1

From: Commanding Officer

Subj: OFF-DUTY EMPLOYMENT BY NAVY HEALTH CARE PERSONNEL

1. Purpose. To direct pen and ink changes to the basic directive.
2. Action. On page 2, paragraph 4.h insert the following sentence at the end of the paragraph. "Exceptions (based on need to maintain clinical skills) to the two hour driving time restriction will be at the discretion of the Commanding Officer. Request and approval will be on a case by case basis."
3. Filing. This change transmittal should be inserted at the beginning of the basic instruction.

A handwritten signature in dark ink, appearing to read "R. S. Kayler", is positioned above the printed name.

R. S. KAYLER

Distribution:
List: A



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL
BOX 788250
MARINE CORPS AIR GROUND COMBAT CENTER
TWENTYNINE PALMS, CALIFORNIA 92278-8250

IN REPLY REFER TO:

NAVHOSP29PALMSINST 5370.3E CH-2
Code 0102
30 Nov 1998

NAVAL HOSPITAL TWENTYNINE PALMS INSTRUCTION 5370.3E CHANGE
TRANSMITTAL 2

From: Commanding Officer

Subj: OFF-DUTY EMPLOYMENT BY NAVY HEALTH CARE PERSONNEL

1. Purpose. To direct pen changes to the basic instruction of 04 December 1996.

2. Background. Upon review of current policy the following changes are made.

3. Action

a. In the basic instruction, page 1, enclosure (7), delete.

b. In the basic instruction, page 4, paragraph d(2), delete.

c. In the basic instruction, page 1, enclosure (8), change the words "enclosure (8)" to read "enclosure (7)."

4. Filing Instructions. This change transmittal will be filed immediately following the signature page of the basic instruction.

J. M. HUBER

Distribution:
List A

NAME _____ SSN _____ RANK/RATE _____

**OFF-DUTY EMPLOYMENT
PROFESSIONAL EMPLOYMENT DISCLAIMER**

1. I am/am not presently active in off-duty professional employment.
2. I do/do not plan to obtain a position for the purpose of off-duty professional employment.
3. In the event I do obtain such a position, I will not enter into employment until the Commanding Officer's approval is secured.
4. In the event I enter into off-duty employment:
 - a. I will not exceed 16 hours per week without the express written, prior approval by the Commanding Officer.
 - b. I will not engage in employment greater than two hours driving from the command.
 - c. A statement from a county medical association (if applicable) indicating a specific need for my services will be on file with the Off-Duty Employment Coordinator prior to my employment.
 - d. An employer acknowledgment shall be obtained and on file with the Off-Duty Employment Coordinator prior to my employment.
 - e. I will ensure I have completed my C-Status Verification work sheet prior to requesting the Commanding Officer's approval for off-duty employment.
 - f. I have received a copy, and I will thoroughly review NAVHOSP29PALMSINST 5370.3E, prior to off-duty employment and I am aware that violations may result in significant punitive action.

Member's Signature

Date

NAVHOSP29PALMSINST 5370.3E
4 December 1996

MEMORANDUM

From:
To: Commanding Officer, Naval Hospital, Twentynine Palms, CA
Via: Off-Duty Employment Coordinator
Subj: OFF-DUTY EMPLOYMENT STATUS - MANDATORY ANNUAL STATEMENT

Ref: (a) SECNAVINST 5310.16A
(b) DOD Directive 6025.7 of 21 October 1985
(c) NAVHOSP29PALMINST 5370.3E

1. Reference (a), paragraph 6b(3), states the following: "The Commanding Officer shall require from all health care providers under his or her command an annual statement detailing any outside employment or the lack thereof."

2. In accordance with reference (a) through (c), check the following appropriate block and initial:

_____ I am not currently engaged in off-duty employment.

_____ I am currently engaged in off-duty employment and in compliance with reference (c).

3. I also understand it is my responsibility to update this statement within one week, when granted permission for off-duty employment or termination such employment.

(Signature)

STATEMENT OF ACKNOWLEDGMENT

This form must be completed and signed by ALL military staff personnel requesting permission to engage in off-duty employment, regardless of the nature of such employment.

I, _____ Hereby acknowledge that I have read, understand, and will comply with NAVHOSP29PALMSINST 5370.3E regarding off-duty employment. I am aware that I may not begin off-duty employment prior to final approval of my request to do so. I am also to notify my Command of any changes in my off-duty employment status, and that I must review/renew this request annually. I am aware that violations of the instruction may result in significant punitive action. I have read and am familiar with the conflict of interest regulations as set forth in references (a) thru (f) NAVHOSP29PALMSINST 5370.3E.

For Health Care Providers:

I hereby acknowledge that I am aware that when I engage in off-duty employment I do this apart from my assigned military duties. I also am aware and acknowledge that in the off-duty employment I will not be working for the U.S. Navy and, therefore, will not be covered under the Medical Malpractice Liability, 10 United States Code, Section 1089 (also known as the "Gonzales Act"). Any claim or lawsuit involving an allegation of medical malpractice on my, or my sponsor's behalf will be my, or my sponsor's sole responsibility and not that of the U.S. Government, and the U.S. Government will have no interest in or any liability for said acts.

Requester

Department Head

Date

Date

NOTE: *Only the Director or Department Head may co-sign this acknowledgment.*

C-STATUS VERIFICATION
NAVAL HOSPITAL, 29 PALMS, CALIFORNIA

*TO BE ATTACHED TO ALL LEAVE, TUITION ASSISTANCE AND TAD REQUEST
(FOR OPTIONAL USE ON OTHER INDIVIDUAL REQUEST)*

NOTE: Only the Commanding Officer shall approve this request for a member in C-4 Status!

DEPARTMENT HEAD

Based upon the Department Discrepancy Roster dated, _____ the C-Status for
(Staff member) is: C-1 _____ C-2 _____ C-3 _____ C-4 _____ Training up to date: (Yes/NO date
completed) Annual _____ NR&R _____ HIV _____ Driver Improvement if
appropriate (26 years old and under) _____.

I certify that the C-Status after all corrective action, if any was required, has been completed with below
noted issues addressed as of _____ (date) and this member is C-____.

(Signature of Department Head/Approving Authority)

(Date)

If the C-Status Discrepancy Roster is in error, contact the appropriate area, (DENTAL, STAFF SICK
CALL, PERSONNEL, MOBILIZATION, or STAFF EDUCATION & TRAINING) for corrective action.
Have correction entered into the computer at that site and bring this form signed by the responsible
individual to Personnel immediately.

DENTAL DEPARTMENT

If other than C-1/s due to Dental the individual submitting the attached request MUST have the below
information completed signed and stamped by the Dental Department Representative. Dental Class 4
must be resolved prior to submitting the attached request.

Member is Dental class 3 and has an appointment on _____.

(Signature of Dental Representative)

Date

NAVHOSP29PALMSINST 5370.3E
4 December 1996

STAFF SICK CALL

If other than C-1 due to PHYSICAL EXAM or IMMUNIZATION discrepancy the individual submitting the attached request must have the below information, completed, signed and stamped by a staff sick call representative. An appointment should be made ONLY if the date of the request precedes the earliest date the Yellow Fever shot or physical exam can be given. All other shots must be given prior to submitting the attached request.

Member has an appointment for a Physical Exam on _____
Member will get a Yellow Fever Vaccine on _____

All Immunization, HIV Blood Test, and Physical are complete or scheduled. Yes ____ No ____

(Signature of Staff Sick Call Representative)

Date

MEDICAL MOBILIZATION PLANNING OFFICE
ALL DATA IN THE MOBILIZATION FOLDER MUST BE CURRENT TO ATTAIN A
C-1 STATUS. IF ALL OTHER AVENUES HAVE BEEN ADDRESSED CALL MEDICAL
MOBILIZATION PLANNING OFFICE FOR FOLDER REVIEW.

(Signature of Personnel/Mobilization Representative)

Date

NAVHOSP29PALMS Form 5370/04 cont.
(Rev. 9/96)

Enclosure (4)

UTILIZATION OF THIS FORM

C-Status Verification NAVHOSP29PALMS Form 5370/04 will be attached to all individual request for Annual Leave, Tuition Assistance request and TAD requests. At the discretion of the Chairman /Head of the Department, it may additionally be used for other individual request.

Responsibility

- a. Staff personnel attached to the Naval Hospital, Twentynine Palms, California are responsible for ensuring that their deployability status remains C-1.
- b. Medical Mobilization Planning Office (MMPO) will provide the Departmental Discrepancy Roster to the Chairman/Head of the Department or designated representative for review. MMPO will also randomly verify that a review of the individual's C-Status has in fact occurred, using the C-Status Verification Forms that have been forwarded from the departments processing the individual request.
- c. Chairmen/Heads of Departments or their representative (designated in writing) must review the current Departmental Discrepancy Roster and direct their personnel to resolve any discrepancies noted. Additionally, the individual's C-Status is to be verified PRIOR TO APPROVING annual leave, Tuition Assistance, non-mission essential TAD or other individual requests for which this form is used. If the individual submitting the request is less than C-1 due to dental, physical exam or immunization discrepancies, the individual must go to the appropriate department for resolution. If these discrepancies can not be resolved expeditiously, an appointment will be scheduled.
- d. Dental and Staff Sick Call Representatives will annotate the new status or scheduled appointment, as appropriate, in the portion of the form that pertains to their area. Their signature certifies that the discrepancy has been resolved or appointment scheduled. A stamp unique to these departments are encouraged.
- e. Departments receiving individual requests for processing, such as Annual Leave, Tuition Assistance and non-mission essential TAD, will ensure that the C-Status Verification (NAVHOSP 5370/04) is properly completed and attached to the request.
- f. Disaster Team Members. If you are on a disaster Team, identify your replacement during this period on the following line

OFF-DUTY REMUNERATIVE PROFESSIONAL CIVILIAN EMPLOYMENT REQUEST

Privacy Act Statement

Under the authority of 10 USC, 5 USC 301 and Executive Order 9397, information requested herein will be used in evaluating your request to engage in off-duty remunerative professional civilian employment. Disclosure of the information is voluntary, but failure to do so may result in delay and possible disapproval of your request.

NAME (Last, First, Middle Initial) GRADE SOCIAL SECURITY No DESIGNATOR
FROM:

TO: COMMANDING OFFICER , NAVAL HOSPITAL, TWENTYNINE PALMS, CALIFORNIA 92278-8250

A. MEMBERS REQUEST

In accordance with the Manual Of The Medical department, Article 1-22, I request to engage in off-duty remunerative professional civilian employment apart from my assigned military duties. I have attached a statement from the local professional association indicating no objection to my professional employment in the community.

1. TYPE OF EMPLOYMENT AND NATURE OF WORK:

2. NAME AND ADDRESS OF EMPLOYER:

3. TELEPHONE No. AT EMPLOYMENT:

4. DISTANCE FROM DUTY STATION:

5. BEGINNING DATE:

6. EXTENT OF EMPLOYMENT: Hours Per Day_____ X Days Per Week_____ Number of
hours Per Week_____.

7. REASON FOR OUTSIDE EMPLOYMENT:

8. SPECIFIC EXTENUATING CIRCUMSTANCES OR HARDSHIP:

SIGNATURE OF REQUESTER

DATE

OFF-DUTY REMUNERATIVE PROFESSIONAL CIVILIAN EMPLOYMENT REQUEST (CONT.)

B. ACTION BY COMMANDING OFFICER

REQUEST

IS: _____ Approved. (Requester must sign Part C. Affirmation.)

_____ NOT APPROVED. REASON:

OF COMMANDING OFFICER

DATE

SIGNATURE

C. MEMBER'S STATEMENT OF AFFIRMATION (Sign in presence of Commanding Officer)

I hereby affirm that I understand the directive concerning off-duty employment in the Manual of The Medical Department. Section III, article 1-22, and I agree to conduct any off-duty employment activities in accordance with those regulations. Further, I understand:

- a. That it is my obligation to inform my Commanding Officer in writing of any deviation in my off-duty employment from my proposal as set forth in Part A above prior to the inception of such change.
- b. That no outside responsibilities shall be assumed which will in any manner compromise the effective discharge of my duties as an officer in The Medical Department of The U.S. Navy, both as to number of hours devoted to outside work and individual limit and capacity.
- c. That a copy of the request may be forwarded to the Chief, Bureau of Medicine and Surgery.
- d. FOR PHYSICIANS ONLY (Cross out if not applicable.) that I recognize that I am prohibited from and cannot in good conscience assume the primary responsibility as an individual practicing physician for the care of the critically ill on a continuing basis as this will inevitably result in the compromise of my responsibility to the patient on the one hand or to the primacy of my military obligation on the other.

Signature of Member

Date

Officer)

Date

Witness: (Signature of Commanding

D. REMARKS

EMPLOYER ACKNOWLEDGMENT

Date

From:

(Name and Address of Company)

To: Commanding Officer, Naval Hospital, Twentynine Palms, California, 92278-8350

Subj: EMPLOYMENT REQUEST OF
(RANK AND NAME)

Ref: (a) NAVHOSP29PALMSINST 5370.3E

1. Please be advised that _____, a staff member of the Naval Hospital, Twentynine Palms, California, is requesting authorization to accept off-duty employment with our facility.
2. As a representative of the prospective employer, I have been advised by the individual named above that his/her employment, if approved, is subject to the following terms and conditions, as set forth in reference (a):
 - a. Off-duty employment of health care providers may only be approved when necessary to meet a bona fide community need and where such employment, consequently, constitutes a community service.
 - b. Off-duty employment may not interfere with prescribed military duties and may not normally exceed 16 hours per week for Medical Department officers and enlisted personnel.
 - c. That the primary responsibility of the member is the United States Navy and that member may be called at anytime to fulfill those responsibilities.
 - d. Medical Department officers engaged in off-duty employment may not assume primary responsibility duties of their military obligations or responsibilities to the patient may be compromised.
 - e. Off-duty employment may not be conducted on military premises, involve expense to the Federal Government or the use of other military personnel, equipment, or supplies.
 - f. Employment of military health care personnel may not be permitted in circumstances in which such employment will serve to create direct competition with existing medical facilities or services, or when such employment is not otherwise required to meet a demonstrated community need.

NAVHOSP29PALMSINST 5370.3E
4 December 1996

g. Military health care personnel may under no circumstances accept any fees, either directly or indirectly, for professional services provided to eligible military or VA beneficiaries. Indirect acceptance is considered to include those fees collected by an emergency room or walk-in clinic staffed by off-duty military members. Violation of this prohibition constitutes criminal conduct under federal law.

h. That as the employer you should not seek reimbursement from the Department of the Navy for any losses or damages to your business or practice which the availability limitations may cause.

I. Having knowledge of the above, I hereby agree that these conditions will be respected. I also agree to provide such additional information, if any, as may reasonably be required to properly and fully evaluate this request.

(Signature)

(Title or Position)

(Facility or Company)

NAVHOSP29PALMS Form 5370/06 (cont)
(Rev. 9/96)

Enclosure (6)

SAMPLE LETTER FROM THE SAN BERNARDINO COUNTY MEDICAL SOCIETY

Dear Doctor

The San Bernardino County Medical Society knows of no objection to your participation in professional civilian employment. There appears to be a need for your services in this community.

The San Bernardino County Medical Society disclaims any responsibility for the assessment of your professional competence.

SAN BERNARDINO COUNTY MEDICAL SOCIETY
952 S Mt. Vernon Avenue, Colton Telephone (714) 825-6526
Mailing Address: P.O. Box 1500, Colton, CA 92324-09988

Dear Sir:

This letter is in response to a request by Doctor I am a God, who is seeking professional civilian employment as a family practitioner at the Lloyd Emergency Medical Group in Joshua Tree, California approximately twelve hours per month.

Since January 1977 county medical societies have cooperated with Department of Defense Directive 5500.7 and subsequent regulations which permits military physicians to "moonlight" in the provision of community medical services if such services cannot be provided through the civilian sector. The role of the nation's county medical societies under this directive had been to certify that the civilian sector is unable to meet the need for the specific service, and therefore, the military moonlighter is a necessary adjunct to the community's health network.

Though we are approaching a physician surplus in our states and in the San Bernardino County, it appears that Lloyd Emergency Group is in need of the assistance that Doctor I am a God can provide. Until such time that we are notified that the physician surplus has reached the point that the assistance of military physicians is no longer needed in the Joshua Tree area. We are notifying you that the San Bernardino County Medical Society has no objection to Doctor I am a God assisting at this time. The San Bernardino County Medical Society disclaims any responsibility for the assessment of Doctor I am a God's professional competence or ethics.

Should there be any questions regarding this matter, please contact either myself or William S. Henderson, Jr., Executive Vice President of the Medical Society at (714) 825-6526.

Sincerely,

Henry L. Hadley, M.D.
President

HLH: SW
CC:

MEMORANDUM

From:

To: Off-Duty Coordinator

Subj: EMPLOYMENT TIME REPORT FOR THE MONTH OF _____ 1996

1. Pursuant to NAVHOSP29PALMSINST 5370.E, the following is submitted for my off-duty employment at

DAY	HOURS WORKED NAVHOSP	HOURS WORKED CIVILIAN	ACTUAL NON- WORK HOURS	TOTAL REST HOURS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

2. This is to certify that this report is an accurate record of my off-duty employment time for the reported month.
NAVHOSP29PALMS Form 5370/07
(Rev. 9/96)

Enclosure (8)